

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=63-015168**

STATE FILE NUMBER

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **134**

DO NOT WRITE  
ON THIS STUB

AMENDED

**FILED APR 29 1963**

VS 300  
Rev. 4/59

**1 0147**

**2 34582**

**3**

**4 0**

**5 0**

**6**

**7 0**

**8 0**

**9 35324**

**10**

**11 137**

**12 93-0**

**13 1-0**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Callaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fulton, Mo.</b>		c. CITY OR TOWN <b>Kansas City, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hosp #1</b>		d. STREET ADDRESS (If outside, give location) <b>2728 Bellevue</b>	
3. NAME OF DECEASED (Type or print) First <b>Manuel</b> Middle <b>Espinoza</b> Last <b>Espinoza</b>		4. DATE OF DEATH Month <b>April</b> Day <b>25</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Spanish</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-9-63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bell Boy</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	
11. BIRTHPLACE (City and state or country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Pete Espinoza</b>		13b. MOTHER'S MAIDEN NAME <b>Rose R. Rodriguez</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>State Hosp #1 Fulton Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Status Epilepticus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Pt. suffered Epileptic Seizure</b>	
20c. TIME OF INJURY Hour <b>2:05</b> p.m. Month, Day, Year <b>4-25-63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Diggs Bldg.</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Callaway</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>7:05</b> to <b>8</b> and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Neil J. Brown, D.O.</b>		22b. ADDRESS <b>State Hosp #1 Fulton, Mo.</b>	
22c. DATE SIGNED <b>4-25-63</b>		23. NAME OF CEMETERY OR CREMATORY <b>Mount Calvary Cemetery, Kansas City, Kansas</b>	
23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>		24. FUNERAL DIRECTOR ADDRESS <b>Heilbert Funeral Home, 113 E. 1st St., Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>April 26 1963</b>		26. REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

B. E. Weiler

Licensed Embalmer No.

4075

P. O. Address

228mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.